HRT: When to start, when to stop

A guide for women, which is evidence-based, we hope, reader-friendly and focused on helping you make informed decisions

Navigating the peri-menopause and menopause years is a natural part of life for many women, but it often raises questions: Is it time to start hormone replacement therapy (HRT)? If so, when should you stop? This article breaks down the evidence, the timing-'windows', the risks and benefits, and how the decision should be personalised for you. While this is not a substitute for medical advice, it provides the context and questions to raise with your GP or other healthcare professional.

Why timing matters

HRT is the term typically used to describe treatment with estrogen (with or without a progestogen) to relieve menopausal symptoms (hot flushes, night sweats, mood changes), and to help protect bones and possibly other health outcomes. However, HRT is not simply a 'one-size-fits-all' pill — when you start it, whether or not you are still having periods or how far you are from your last period (or from natural or induced menopause), your age and your individual health risks all matter.

Several key pieces of guidance highlight what matters:

- The 'window of opportunity' principle: It is generally seen that starting HRT within about 10 years of your last menstrual period or before approximately age 60 is associated with the most favourable benefit-versus-risk profile.[2]

- For women who undergo *early* or *premature menopause* (before age ~45, and especially before 40), hormone replacement becomes almost a replacement of what would naturally have been produced—and the benefit may outweigh risk more clearly.

- Starting HRT many years after menopause (for example >10 years after the last period) or at older age (e.g., beyond 60) may carry more risk — particularly cardiovascular or stroke risk depending on the type and dose used, — in some studies.

- **Taking a tablet, as your route, is simple and often very convenient with many benefits and minimal risk.**

- So, while the decision to start (and to stop) HRT is highly individualised, timing plays a central role in shaping that decision.

When and why to consider *starting* HRT

There are 3 indications for starting HRT:

1. You are having bothersome menopausal symptoms
If you're experiencing bothersome symptoms such as hot flushes, night sweats, sleep disturbance, and mood changes,— and they interfere with your quality of life — then HRT is a valid option to discuss. The British Menopause Society and other UK standards emphasise that the decision should be based on an individualised assessment of benefits vs risks. According to the UK National Health Service (NHS) guidance: "It's your choice whether to take HRT … you do not need to wait until your symptoms are severe or until your periods stop completely."

2. Early or premature menopause (premature ovarian insufficiency) or surgical menopause
If your ovaries stop working early (for example before age 40–45) or you have had surgical removal of ovaries, HRT is often strongly recommended at least until the age of natural menopause (~51) unless contraindicated. This is because of the benefits of replacing hormones you otherwise would have had, for bone, heart, mood and longevity. In such cases, risk profiles are different and often more favourable for HRT.

3. Prevention or treatment of osteoporosis
HRT can be used for treatment of osteoporosis if under the age of 60, or within 10 years of the menopause, especially if menopause symptoms are also present. In women with increased risk of osteoporosis, HRT can be used as prevention for osteoporosis.

How to know what type of HRT:
Here are the key scenarios and what to think about:

1. How far from your last period / age matter
As noted, starting HRT closer to the time of menopause reduces certain risks. The Right Decisions guideline states: "Ideally HRT should be commenced within 10 years of the last menstrual period (LMP)." Similarly the BMS standard emphasises benefits are greatest when HRT starts early. Whether or not you are still having some periods or how long since your last period also influences the type of HRT.

2. Contraindications / caution required
Before starting, certain conditions may make HRT less appropriate, or may require specialist input: previous breast cancer or other hormone-sensitive cancer, history of blood clots, uncontrolled high blood pressure, liver disease etc. Your individual risk of breast cancer, cardiovascular disease and thrombosis should be assessed and weighed.

3. Choosing dose
For symptom relief, use of the **lowest effective dose for the shortest duration** remains a considered principle. As when taking any medicine, starting with a low dose is recommended, symptoms can often be controlled with a low dose preparation. When a sudden menopause is involved, for example due to surgery or medication/treatment to stop ovarian function, sometimes medium or higher doses are needed (because you're replacing a sudden drop in estrogen levels).

4. Choosing route
Some medical conditions or factors such as high weight can influence the recommended route of HRT. Taking a daily tablet is simple and often very convenient with many benefits and minimal risk. For women with risk factors for cardiovascular disease or deep vein thrombosis, taking estrogen through the skin (transdermal) does not further increase the risk and would be recommended.

When and how to *stop* or review HRT

Stopping (or reducing) HRT is as important to plan as starting it. Here's what evidence and guidance suggest:

1. There is no *set automatic time-limit*
The British Menopause Society menopause practice standards clearly state: "The decision regarding … duration of HRT intake should be individualised … No

arbitrary limits should be placed on … age of women taking treatment." Similarly, UK NHS guidance says: "There are no set time limits for how long you can be on HRT. The benefits and risks … depend on your individual situation." So, while earlier guidance sometimes spoke of "stop after five years for most women," modern guidance emphasises personalised review rather than fixed cut-offs.

2. Review regularly

Review regularly After starting (or after change of preparation) you should have a clinical review at ~3 months, then annually if all is stable. The review should ask: Are symptoms controlled? Are there any side effects. Are there new health changes (blood pressure, clot risk, breast screening, bone or heart disease)? Are you still on the best type/dose/regimen for you? Are benefits still outweighing risks? Any lifestyle issues to address?

3. Consider tapering/stopping when appropriate

According to NHS guidance: "If you're over 50 years old and are taking HRT to relieve menopause symptoms, a GP might suggest that you try stopping every 2 to 3 years to see if you still need it or if your symptoms have improved." When stopping, it is generally recommended to reduce the dose gradually over 3–6 months rather than stopping abruptly; this may reduce the likelihood of symptoms returning in the short term, but makes no difference in the longer term. If symptoms return and are problematic, HRT may be restarted—again with review of risks/benefits. Any trial off HRT should be for at least 3 months before deciding whether or not to restart.

4. Situations where continuing HRT longer makes sense

- If menopausal symptoms such as hot flushes, night sweats, or sleep disruption persist and significantly affect quality of life, continuing HRT may be fully justified. The benefit for bone protection and other health outcomes may also weigh in for certain women (especially younger onset menopause).

Timing matters, as do dose, route, individual risk factors and regular review.

- For women with early/premature menopause, continuing HRT until at least the average age of menopause (around 51) is standard, and often beyond depending on symptoms and health status.

- If you are over age 60 or many years post-menopause, you should discuss carefully with your clinician whether continued HRT is appropriate; route (transdermal), dose and risk mitigation become more important.

5. What to do when you *do* stop

Stopping HRT doesn't mean you have to stop all management of symptoms or future health risks. You'll still want to continue:

- Screening (breast, cervical) and health monitoring (blood pressure, lipids, bone density if at risk)

- Non-hormonal treatments for ongoing symptoms (e.g., vaginal moisturisers, lifestyle, other medications)

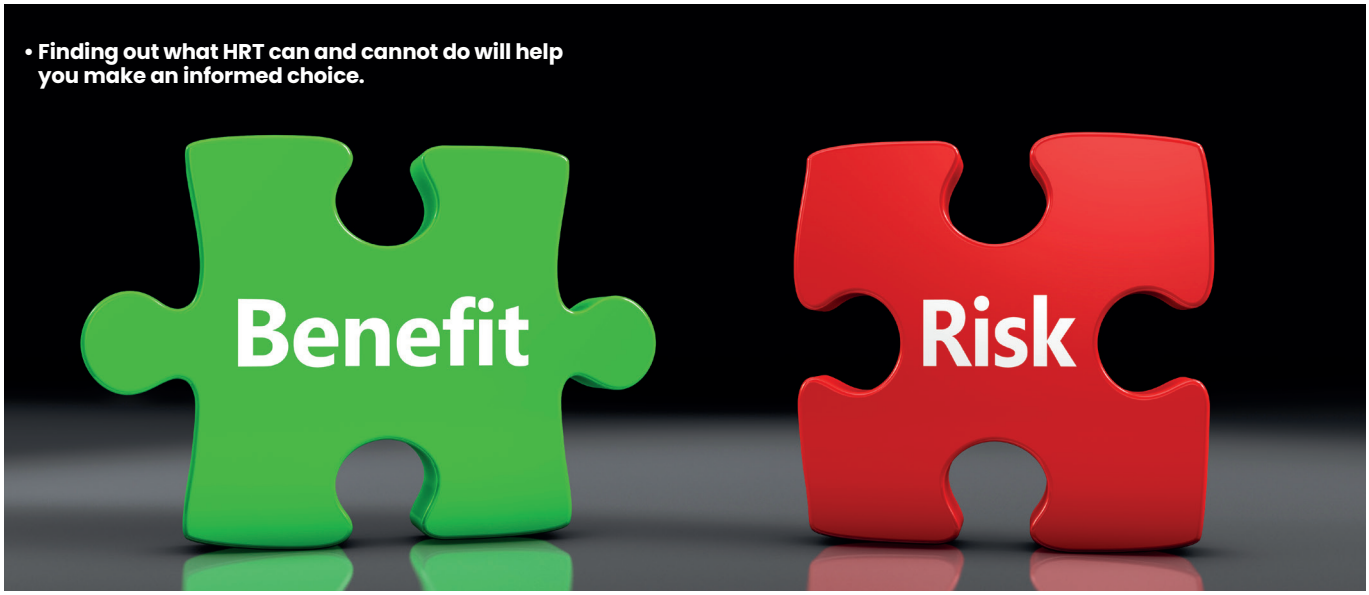
- Bone and cardiovascular protective strategies if relevant.

Weighing the benefits and risks

Understanding what HRT *can* and *can't* do helps you make an informed choice.

Benefits include:

- Effective relief of menopausal symptoms (hot flushes, night sweats, sleep problems, mood changes) — well established.



• **Finding out what HRT can and cannot do will help you make an informed choice.**

- Protection of bone density and reduced risk of fractures — particularly relevant if you have increased risk including early menopause.

- Favourable cardiovascular outcomes if started early (within 10 years of menopause) though this should not be the only indication.

- What about dementia? Taking HRT for early or premature menopause appears to reduce the associated increased risk of dementia, but evidence is not clear for the effect in women starting HRT at the "normal" age and this should not be the only indication.

Possible risks include:

- Slightly increased risk of breast cancer with combined estrogen-progestogen HRT, especially with longer use. NHS estimates: about 5 extra cases per 1,000 women over 5 years of combined HRT.

- Small increased risk of blood clots (venous thromboembolism) with oral HRT; not increased with transdermal.

- Slight increase in stroke risk if starting oral HRT later (>60 or >10 yrs since menopause).

- Other issues: unscheduled bleeding, need for progestogen if womb intact, possible gall-bladder disease etc.

Hence the mantra: **start at the right time, for the right reason, at the right dose, and review regularly.**

Practical questions to ask your GP or other healthcare professional

When you discuss HRT, these questions can help guide the conversation:

- What are my main symptoms, and how badly do they affect my life?

- What lifestyle changes will help reduce symptoms and improve health?

- Am I still having some periods or how far am I from my last menstrual period, and what is my age?

- Do I have risk factors (e.g., breast cancer history, clot history, liver disease, cardiovascular risk)?

- Which type of HRT (estrogen alone, combined, route: oral vs patch/gel/spray) might be best for me?

- What is the lowest dose that is likely to control my symptoms?

- How long should I continue HRT, and when will we review it?

- What is the plan for stopping or tapering? What are the alternatives if I stop?

- How will we monitor for side-effects or risks?

- If I choose not to take HRT, what are the non-hormonal options and lifestyle changes I should prioritise?

Summary: when to start, when to stop — in brief

- **Start:** Consider HRT when menopausal symptoms are significant and impact quality of life; earlier is generally better (within ~10 years of last period / before ~60). Strong indication if early/premature menopause. Consider for treatment of osteoporosis or for prevention if at higher risk.•

- **Stop/Review:** There is no mandatory "stop after x years" rule — each woman's decision should be personalised. Regular review is essential. If symptoms have resolved, risks increase, or you decide you no longer wish to continue, you can consider tapering off or stopping.

- **Both start and stop decisions** should be made in collaboration with a healthcare professional who can assess your personal risk/benefit, tailor route and dose, and schedule monitoring.

Final words

HRT remains one of the most effective treatments for moderate to severe menopausal symptoms and provides additional health benefits for bone (and probably heart) when used appropriately. But it is **not** a "set-and-forget" therapy. Timing matters, as do dose, route, individual risk factors and regular review. If you're facing waning estrogen and wondering whether it's time to start HRT — or if you've been on it and want to know when to stop — it's worth having an informed, personalised discussion with a health professional. Your symptoms, your life context, your health risks and your values all matter. The right answer is rarely "never" or "automatic 5 years" — it's tailored to you. MM